

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

FILED
IN CLERKS OFFICE

2019 JUL 12 PM 4:21

U.S. DISTRICT COURT
DISTRICT OF MASS.

PAUL JONES

Plaintiff

v.

Civil Action No.:
1:19-CV-11093-ADB

**MONTACHUSETTS REGIONAL TRANSIT
AUTHORITY, ET AL.**

Defendant

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

HB Software Solutions, Inc
1075 Westford, St
Lowell, Ma 01851

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Paul Jones
572 Park St
Stoughton, Ma 02072

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ — Miguel Lara

Signature of Clerk or Deputy Clerk



Civil Action No.: 1:19-CV-11093-ADB

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) HB Software Solutions, Inc
was received by me on (date) May 15, 2019

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Himanshu Bhatnagar, who is Registered agent
designated by law to accept service of process on behalf of (name of organization) _____
HB Software Solutions Inc on (date) 07/05/19; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify) :

My fees are \$ 0 for travel and \$ 11.00 for services, for a total of \$ 11.00.

I declare under penalty of perjury that this information is true.

07/05/19
Date

Liana Williams
Server's Signature
Liana Williams
Printed name and title

12 Westminister Ave, Rox, MA 02119
Server's Address

Additional information regarding attempted service, etc:

TROPICAL STORM THREATENS GULF COAST. SEE IMPACTS TO USPS OPERATIONS IN YOUR ...

USPS Tracking®FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**Track Another Package +****Tracking Number:** 70151520000018143840

Remove X

Expected Delivery on**TUESDAY****9** JULY 2019 ⓘ **by** **8:00pm** ⓘ**✓ Delivered**July 9, 2019 at 11:10 am
Delivered, Front Desk/Reception/Mail Room
LOWELL, MA 01851**Get Updates** ✓**Text & Email Updates****Tracking History****Product Information****See Less** ^

Feedback

Can't find what you're looking for?

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Himanshu Bhatnagar 1075 Westford St Lowell, MA 01851</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 7-9</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 152000001814 3840</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9403 0413 5163 4966 74</p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>			

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
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<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9403 0413 5163 4966 74</p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>			

7015 1520 0000 1814 3840

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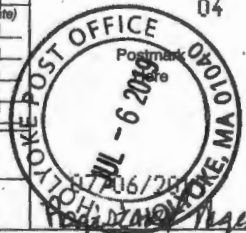
LOWELL MA 01851

OFFICIAL USE

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$2.80
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$2.65

Total Postage and Fees \$8.95



Sent To Himanshu Bhatnagar
Street and Apt. No., or PO Box No. 1075 Westford St
City, State, ZIP+4[®] Lowell, MA 01851

PS Form 3800, April 2015 PSN 7530-02-000-9047

see for Instructions